<table>
<tr><td colspan="4">CLAIMS ONLY</td><td colspan="2">Application Number
10657624</td><td>Filing Date</td></tr>
<tr><td colspan="4"></td><td colspan="3">Applicant(s)</td></tr>
</table>

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend			15				Total Depend						
Total Claims			16				Total Claims						